

Name
in
Full

Silas Dan E. Alsip

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pondsville		Town	Wash Co		County		MARYLAND	
Date of death 1909	Month Oct.	Day 19	Age 64	Years	Months 2	Days 25		
Sex Male	Color or Race white			Birth-place	Pondsville Md			
Occupation Truck farmer	Where Residing if not at place of death Pondsville Md							
Married, Single or Widowed Married	Name of Wife or Husband Ann Malinda Alsip							
Father's Name Joseph Alsip	Father's Birthplace Wash C. Md.							
Mother's Maiden Name Elisa Fowler	Mother's Birthplace Wash C. Md							
Name of person giving information Mary E Alsip	How related to deceased Daughter							

CAUSES OF DEATH

79

How long

4 years

How long

sudden while

sleeping

Primary

Arterio Sclerosus et valvular lesions

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

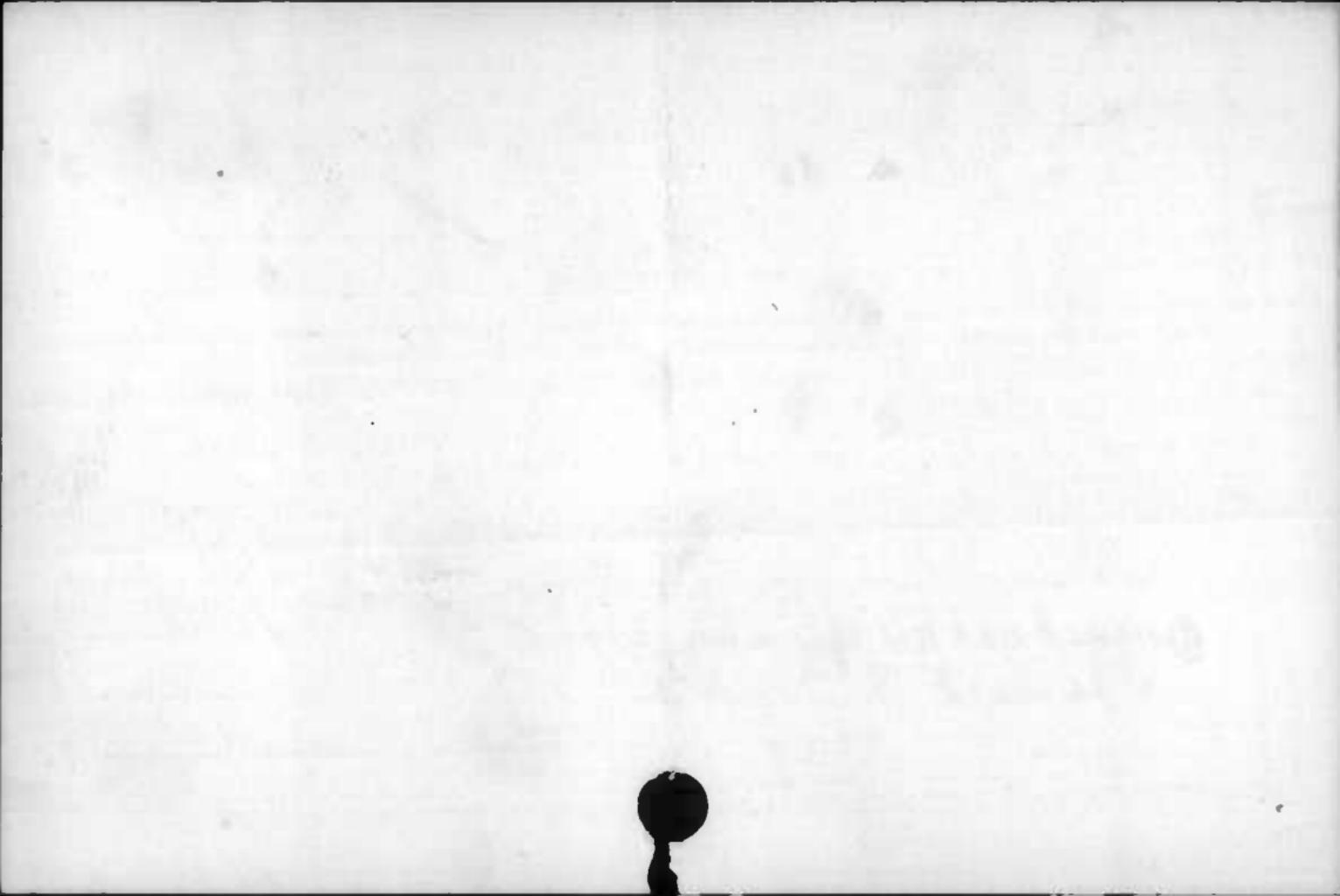
Address

Frank & Quinn MD

Chesapeake Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Unnamed Child Baker

CERTIFICATE OF DEATH

MARYLAND

Died at Hazleton Month Day Washington Years Months Days
Date of death 1904 Oct 30 - - 5

Sex Male Color or Race White Birthplace Md
Occupation Child Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Andrew J Baker Father's Birthplace Pa

Mother's Maiden Name Eddie M Ridweller Mother's Birthplace W Va

Name of person giving Information Andrew J Baker How related to deceased Father

CAUSES OF DEATH

175

How long

10 hours

2 hours

Primary Overdose morphine by Accident

Immediate Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

S N Burnett

Accident or Suicide

Dear Mr. Laffman

Mr. Laffman

Name
in
Full

William Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Hagerstown Town Washington County
Date of death 1909 Oct 16 Month Day Years Months Days
Age 3 Birthplace Hagerstown
Sex male Color or Race Colored
Occupation
Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

George Baker

Father's Birthplace

Maryland

Mother's Maiden Name

Mary Norman

Mother's Birthplace

Massachusetts

Name of person giving Information

Mary Norman

Related to deceased

mother

CAUSES OF DEATH

Primary

Myocarditis
Exhaustion

179

3 weeks
24 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A.B. Wilson M.D.
Hagerstown Md.

Accident or Suicide

no.

copy from
Nauman
A. K. Coffman

Name
in
Full

Isaac G. Beard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at	Washington	Month	Days	
Date of death	1909	Oct	7	9
Day	24	Years		
Age	80	Months		
Sex	male	Color or Race	Birth-place	
Occupation	Fanner	White	Beards Church	
Married, Single or Widowed	Widower	Where Residing if not at place of death	Beards Church	
Father's Name	George Beard	Isaac G. Beard	Father's Birthplace	Beards Church
Mother's Maiden Name	Salome Gehr	Salome Gehr	Mother's Birthplace	Hagerstown
Name of person giving Information	Daniel S. Beard	Daniel S. Beard	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis
of Paralysis

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

Dr M D Kefauver

Smithsburg
Maryland

Accident or Suicide

66

How long

How long

two days

two days



66

Name
in
Full

Mrs. Leatarine Bell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
1909	Month	Year	Days
Female	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Daniel Michley	Father's Birthplace	Adams. Co. Pa
Mother's Maiden Name	Elizabeth. Settles	Mother's Birthplace	Don't know
Name of person giving Information	C. D. Bell	How related to deceased	Son -

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

66

How long

Three weeks

How long

Two days

Mr. Richardson
Williamsport Md

Accident or Suicide

No.

J. H. Miller
Williamsport Md

Interment in
Rose Hill Cemetery
Hagerstown
Md,

Name
in
Full

Maurine Leile Bloser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at Broadfording Washington County MARYLAND
Date of death 1909 Month Oct Day 17 Years - Months - Days -

Sex Male Color or Race white Birth-place 2nd
Occupation Child Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Frank Bloser Father's Birthplace 2nd

Mother's Maiden Name Maurine Berille Mother's Birthplace 2nd

Name of person giving information Frank Bloser How related to deceased Father

CAUSES OF DEATH

Primary

Difficult labor.
Asphyxiation

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. R. Langblie
Hagerstown

Accident or Suicide

PHYSICIAN
OR CORONER

W. K. Woffman
Woodford City

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John P Blyer
Town Cedarbrook County Washington
Died at Died at Month Day Years Months Days
Date of death 1909 Oct 21 Age 68 — —
Sex Male Color or Race White Birth-place Md
Occupation Farmer Where Residing if not at place of death
Married, Single or Widowed Married Name of Wife or Husband Mattie Kupper
Father's Name John Blyer Father's Birthplace Md
Mother's Maiden Name Harriett Ridensur Mother's Birthplace Md
Name of person giving Information Mattie Blyer How related to deceased Wife
14

CAUSES OF DEATH

Primary

Chronic Dysentery

10 years

Immediate

—

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

DR. W. C. Miller
111 South Washington
Pa.

Accident or Suicide

Natural

Byman
Broadforday

Name
in
Full

Marie Bloyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Broadfording Washington County MARYLAND
Town Broadfording Month Oct Day 17 Years 33 Months 4 Days 23
Date of death 1909

Sex Female Color or Race White
Occupation Housewife

Birthplace Md

Where Residing if not
at place of death

Married, Single or Widowed

Married Name of Wife or Husband Frank Bloyer

Father's Name

Lawt Wuster

Father's Birthplace

Md

Mother's Maiden Name

Sarah Mummert

Mother's Birthplace

Pa

Name of person giving Information

Frank Bloyer

How related to deceased

Husband

PHYSICIAN
OR CORONER

Primary

childbirth

CAUSES OF DEATH

135

How long

8 hrs.

Immediate

Hemorrhage

3 hrs.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

J.P. Slaughter
J. Hagerstown

Accident or Suicide

60 percent
proud fording

Mr. Coffman.

Name
in
Full

Eliza Bridenolph

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1909	Month Oct	Day 26	Years 66	Months --	Days --	
Sex	Female	Color or Race	White		Birth-place	Virginia	
Occupation	Nud wife		Where Residing if not at place of death		Charlton Md.		
Married, Single or Widowed	Widow	Name of Wife or Husband	William Bridenolph		Father's Birthplace	Not known	
Father's Name	Mr. Arms				Mother's Birthplace	11	
Mother's Maiden Name	Not known				How related to deceased	Grand Daughter	
Name of person giving Information	Ella Spidell				How long	106	

CAUSES OF DEATH

Primary

Chronic Intestinal catarrh & nephritis

How long

3 years

Immediate

Ex haematemia, Jaecemia

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Yes -

Address

Dr. W. W. W. W.
Spangler

Accident or Suicide

S. K. Lownan
Undertaker

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Offoy Leoblenz

CERTIFICATE OF DEATH

Town

Brownsville

County

Washington

MARYLAND

Died at

Month

Day

Years

Months

Days

Date
of death 1909

10

24

25

6

11

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Merchant

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Amie. L. Phillips

Father's

Name

Father's
Birthplace

Md

Mother's
Maiden Name

Sarah Hoffmaster

Mother's
Birthplace

Md

Name of person giving
Information

John W. Phillips

How related
to deceased

Bro-in-Law

CAUSES OF DEATH

Primary

Cerebral Abscess

How long

8 months

Immediate

Septic Poisoning

How long

6 Weeks

Are the name, age, sex, color, date
and place correctly given above?

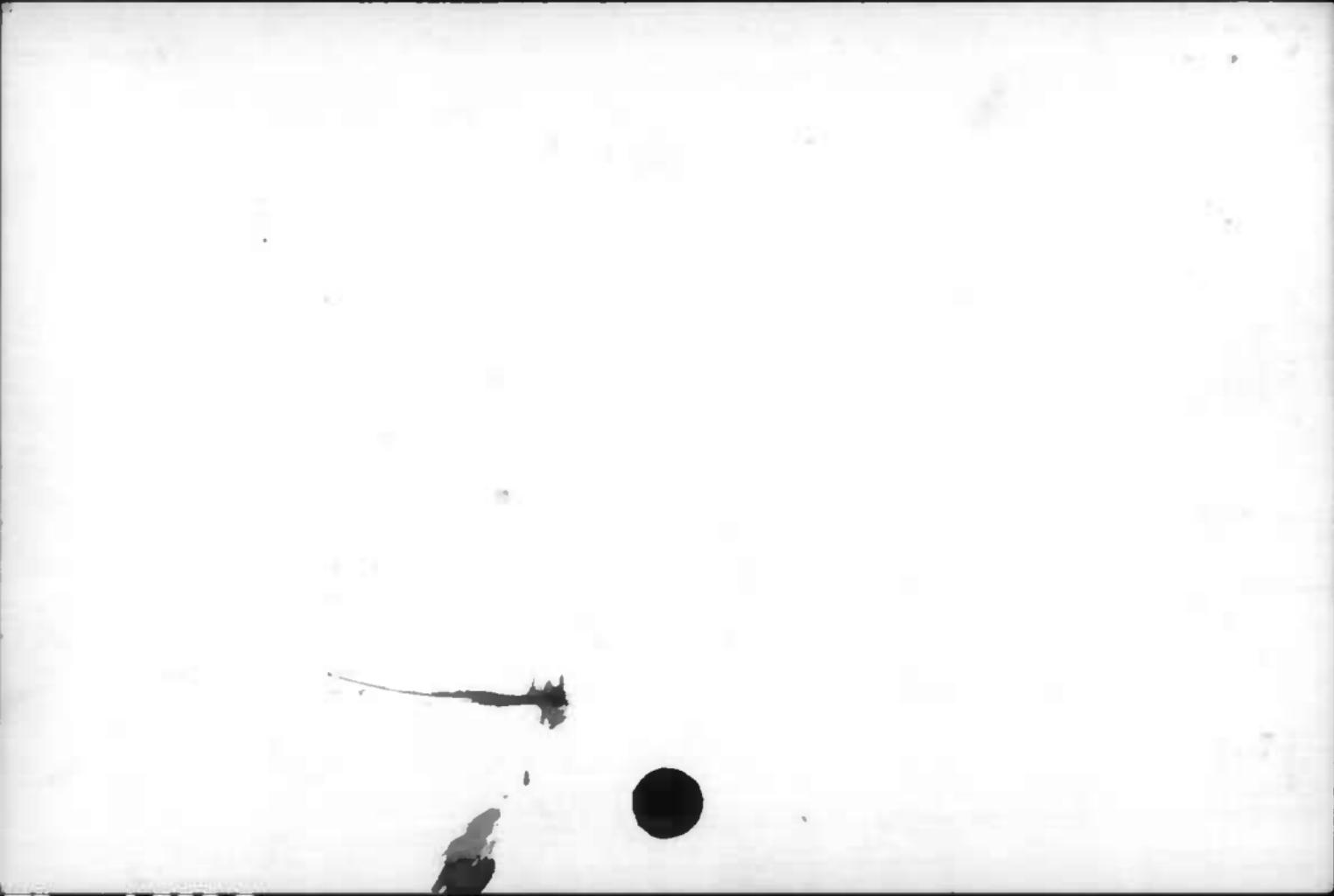
Yes

Signature of
Physician

Address

J. S. Younce,
Brownsville
Maryland

Accident or Suicide



Name
in
Full

Pat. Cook.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Hawthorne</u>		County <u>Washington</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>10</u>	Day <u>15</u>	Age <u>60</u>	Years	Months
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Dont know</u>		Days	
Occupation <u>Labour</u>	Where Residing if not at place of death <u>Hawthorne and</u>				
<u>Married, Single or Widowed</u> <u>Single</u>	Name of Wife or Husband	<u>Not Known</u>			
Father's Name	<u>Dont know</u>				
Mother's Maiden Name	<u>Dont know</u>				
Name of person giving Information	<u>Lew. M. Bushup</u>				

CAUSES OF DEATH

Primary

Alcoholism

How long

Two days

Immediate

Heart Failure

How long

Instant

Are the name, age, sex, color, date and place correctly given above?

Yes

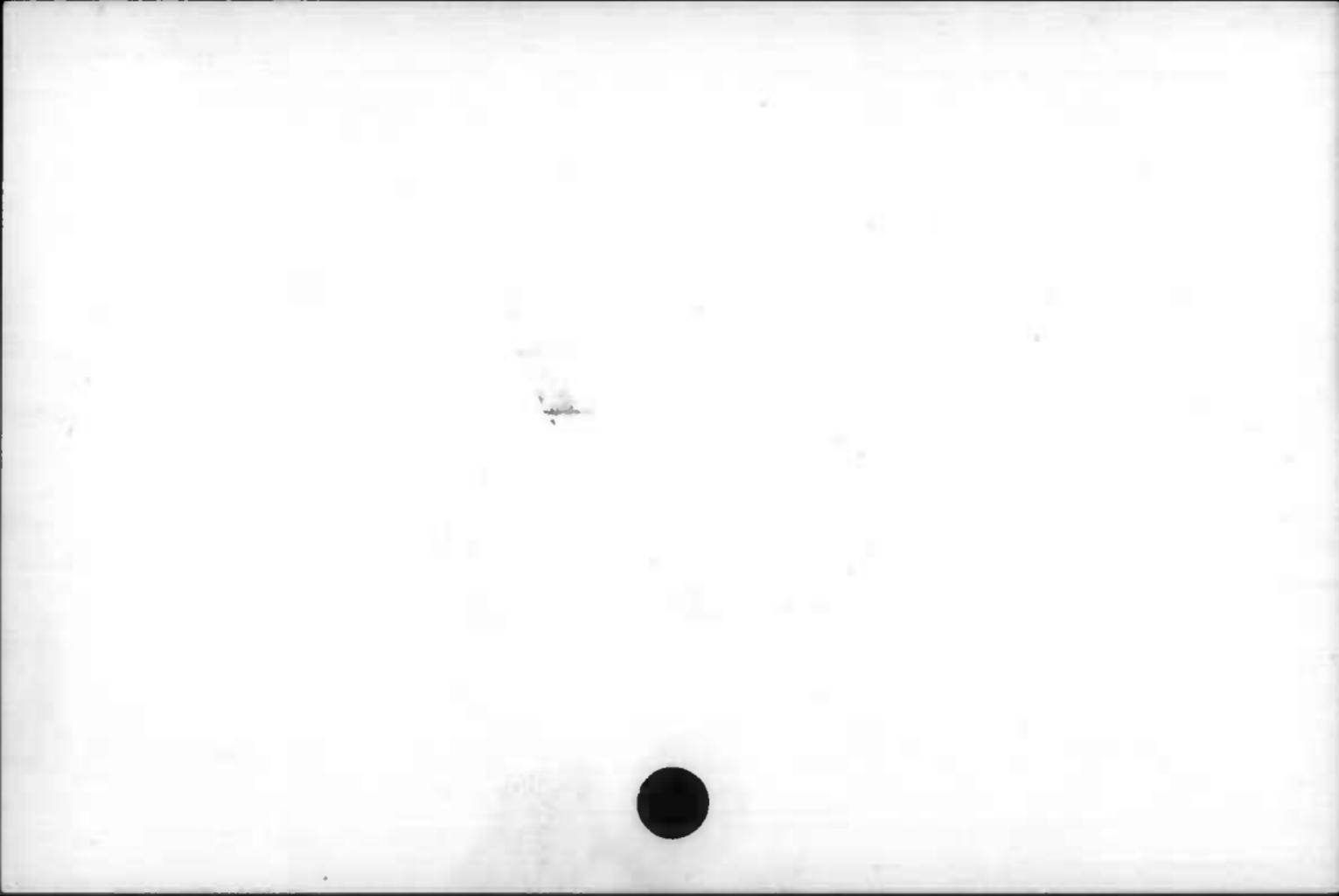
Signature of Physician

Address

Dr M D Kefauver
Smithsburg
Maryland

Accident or Suicide

56



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hazel Angle Corderman

Town

County

Died at

Hagerstown

wash

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

9 oct

25

Age

6

12

Sex

female

Color or
Race

white

Birth-
place

md.

Occupation

—

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

Oscar W. Corderman

Father's
Birthplace

md

Mother's
Maiden Name

Bessie E. Eader

Mother's
Birthplace

"

Name of person giving
Information

Oncorderman

How related
to deceased

father

92

How long

2 days.

How long

" "

Primary

Pneumonia. Broncho -

Immediate

Tuberculosis

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

P. C. H. & H. H. H.
Stagecoach Inn

Accident or Suicide

no

L.M. Sutler & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Hagerstown Town Washington County
Date of death 1909 Oct 10th Month Day Year Age 52 Years
Sex Female Color or Race Colored
Occupation Domestic Birth-place Clarsbridge

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Asam Wiltz

Father's
Birthplace

Clarsbridge

Mother's
Maiden Name

Katidie Wiltz

Mother's
Birthplace

Clarsbridge

Name of person giving
Information

Mary Verdae Wilson

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Glosso Sabio Laryngeal Paralytic

74

How long

6 days

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

A. B. Wilson
Hagerstown

and.

PHYSICIAN
OR CORONER

Accident or Suicide

no

bitter all
bleeding
A. K. Coffman

Name
in
Full

David Hamilton Delanter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Shooper Farm

Town

County

MARYLAND

Date
of death

1909

Month

Oct

Day

18

Years

60

Months

2

Days

17

Sex

Male -

Color or
Race

White

Birth-
place

near Elletown
Frederick Co

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Lusa Catharine Hoover

Father's
Name

David Delanter

Father's
Birthplace

Frederick Co

Mother's
Maiden Name

Emaline Sowrey

Mother's
Birthplace

" " "

Name of person giving
Information

Mrs Catharine Delanter

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Causes of Stomach

How long

one year.

Immediate

Exhaustion

How long

four weeks.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

Mr Richardson
Williamsport

PHYSICIAN
OR CORONER

Accident or Suicide

No.

interment at Grossnickles Church
in grave yard adjoining.

In Frederick County Md.
October 20th 1909.

By J. F. Kreps. Undertaker.
of Williamsport Maryland,

Name
in
Full

Jdg. Alice Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Williamsport County Washington MARYLAND

Town Williamsport Month Oct Day 3 Years 4 Months 4 Days 7

Date of death 1909 Age 4 Birthplace Williamsport

Sex Female Color or Race White

Occupation Where Residing if not at place of death

Mother, Single or Widowed Single Name of Wife or Husband

Father's Name Wm E. Evans Father's Birthplace Bethlehem

Mother's Maiden Name Eva Lena Hull Mother's Birthplace Williamsport

Name of person giving information W. E. Evans How related to deceased 71 Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Spasms
Exhaustion

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. S. Richardson
Williamsport

Accident or Suicide

No.

Entered by J. H. Kreps,
Undertaker in
Riverview Cemetery
Williamsport, Md.
October 4th 1909.

Name
in
Full

John D Glick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town: Hazleton
County: Washington
State: MARYLAND
Diad at: Hazleton
Month: Oct
Day: 8
Age: 89
Years: 3
Months: 11
Days: 11
Date of daath: 1909
Sex: Male
Color or Race: white
Occupation: Minister
Where Residing if not at place of daath: _____
Birthplace: Va

Married, Single or Widowad

Name of Wife or Husband

Married, Mary E Barnhart

Father's Name

John Glick

Father's Birthplace

Va

Mother's Maiden Name

Elizabeth Wzand

Mother's Birthplace

Va

Name of person giving Information

Mary E Glick

How related to deceased

Wife

CAUSES OF DEATH

Primary

Acute Indigestion

104

16 hrs

Immediate

Heart failure

How long

2 hrs.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. E. Goff
Hazleton
Md

PHYSICIAN
OR CORONER

Accident or Suicida

Capewell

in Darlevoth Noe

R. K. Loffman

Name
in
Full

John W Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Antietam	Town	Washington	County	MARYLAND
Date of death	1909	Month	10	Day	9 Days
Age	69	Years	8	Months	9
Sex	Male	Color or Race	White	Birth-place	Antietam
Occupation	Labourer	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Mary A Gray		
Father's Name	John W Gray	Father's Birthplace	Pa		
Mother's Maiden Name	Nancy Grooman	Mother's Birthplace	Pa		
Name of person giving Information	Mary A Gray	How related to deceased	Wife		

CAUSES OF DEATH

Primary

Causes of death
Exhaustion

44

How long

Several years

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

S. Howell Bradburn
Sharpsburg, Md

Accident or Suicide

28 Summer Slope

Name
in
Full

Delilah Hammond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Near Mandel Wash.

Date of death 1909 Month Oct Day 31 Age 80 Years Months 11 Days 24

Sex Female Color or Race white

Birth-place MD

Occupation

House wife

Where Residing if not
at place of death

Married, Single or Widowed Widowed Name of Wife or Husband

Josiah Hammond

Father's Birthplace

Father's Name

Josiah Hammond

MD

Mother's Maiden Name

Sophia Poffenberger

MD

Name of person giving Information

Chas. Hammond

How related to deceased

Son

CAUSES OF DEATH

79

Primary

Cardiac Dilatation

How long

4 years

Immediate

Acute ^{cardiac} Dilatation

How long

36 hours

Are the name, age, sex, color, date and place correctly given above?

yes

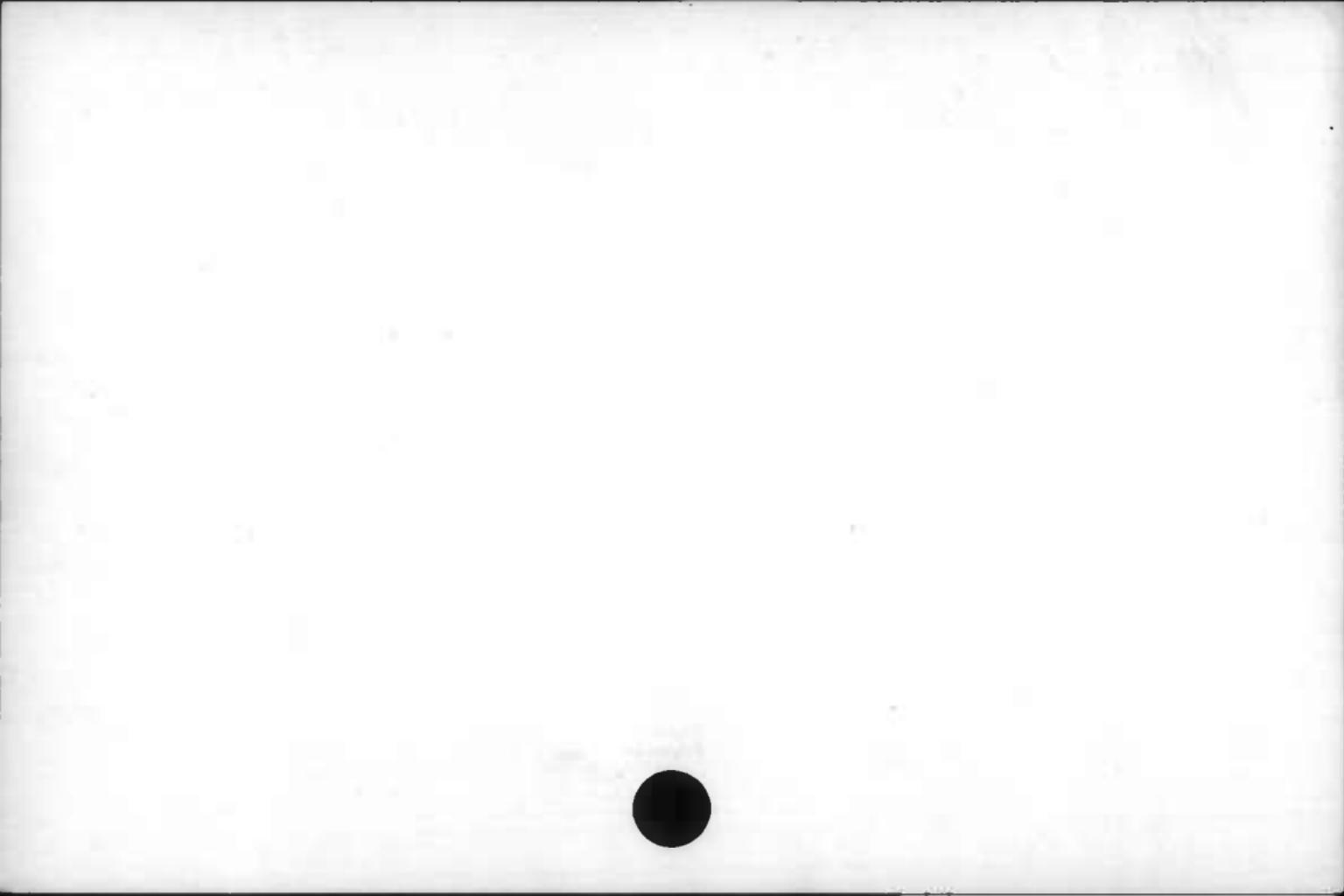
Signature of
Physician

Address

B. M. Reichard
Fair Play.

PHYSICIAN
OR CORONER

Accompanied by



Name
in
Full

Kattie E. Hart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at own Big Pool Md.		County Washington Co		MARYLAND	
Date of death 1909	Month Oct	Day 26	Years Age 25	Montha -	Daya 7
Sex Female	Color or Race white	Birth- place Indian Spring			
Occupation House Wife	Where Residing if not place of death Daniel W Hart.				
Married, Single or Widowed Married	Name of Wife or Husband Daniel W Hart.	Father's Birthplace Sylvan Pa			
Father's Name William Furry.	Mother's Birthplace Indian Springs				
Mother's Maiden Name Bettie Hull	How related to deceased Brother-in-law				
Name of person giving Information James O Hart.	1 ✓				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

5 weeks

Immediate

Perforation of Bowel

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician
J. P. Perry

Address
Clearspring
Md

Accident or Suicide

Borned

Oct 19 - 1884 Dyed Oct 26 - 1909

Age. 25 years. 7 day's.

Sick 5 weeks

Name
in
Full

George C. Hicks

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	Baltimore County			Maryland		
Died at	1909	Month	3	Age	75	Years
Date of death	1909	Month	Oct	Day	3	Years
Sex	Male	Color or Race	Caucasian	Birthplace	Md.	
Occupation	School Teacher			Where Residing if not at place of death	—	
Married, Single or Widowed	Widow	Name of Wife or Husband	Elizabeth Metcalf			
Father's Name	Geo. Hicks			Father's Birthplace	Oxon.	
Mother's Maiden Name	Elizabeth Troulman			Mother's Birthplace	Penn.	
Name of person giving Information	S. M. Hicks			How related to deceased	Nephew	

CAUSES OF DEATH

64

How long

2 1/2

How long

Death

PHYSICIAN
OR CORONER

Primary

Atherosclerosis

Immadiata

Pericardial hemorrhage

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

DR. Miller M.D.

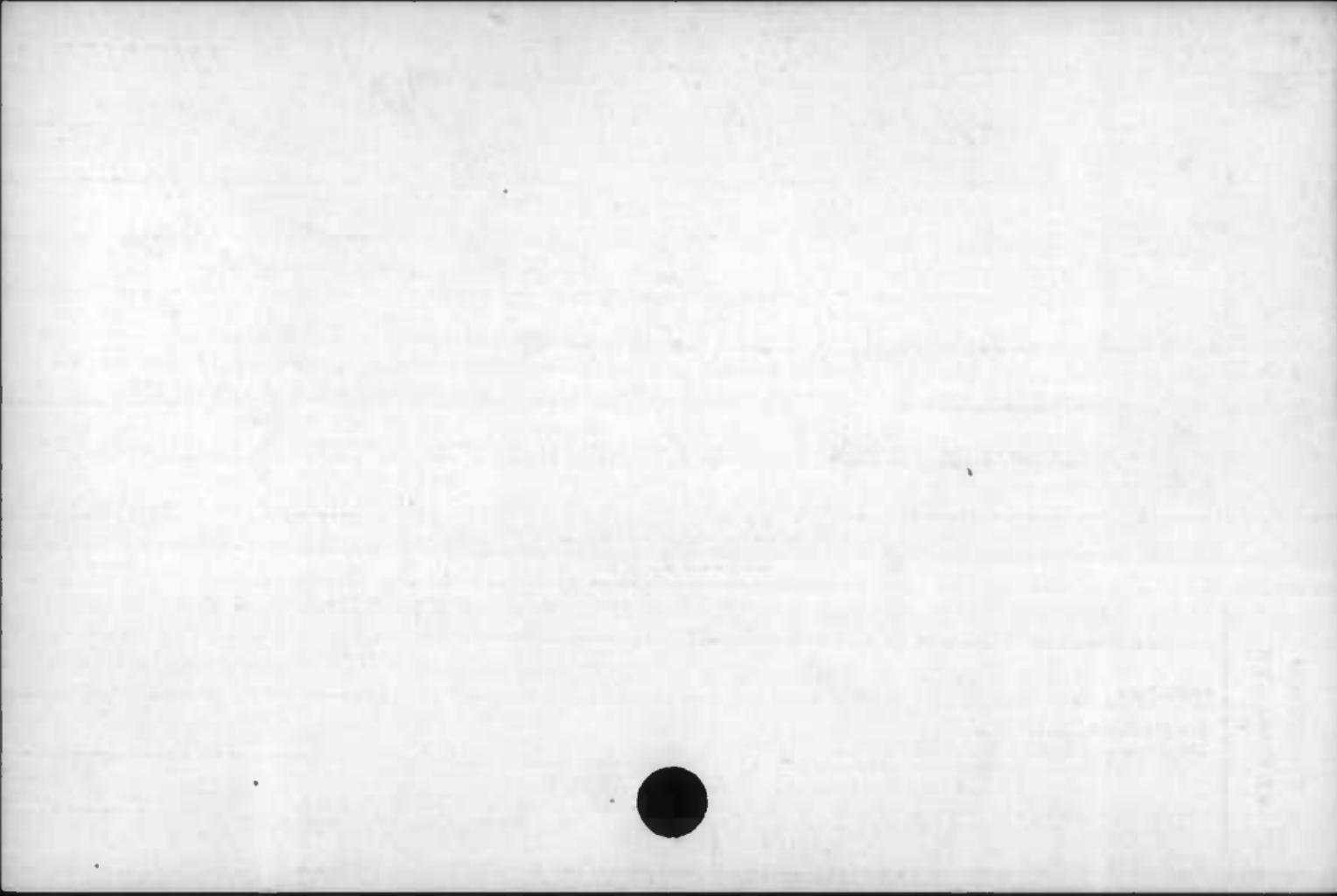
Address

7140 Carrollton Rd.

Dec.

Accident or Suicide?

Yes



Name
in
Full

To BE ANSWERED BY

NEAREST FRIEND

CERTIFICATE OF DEATH

Town	County			MARYLAND		
Died at	Month	Day	Years	Months	Days	
Date of death 190	10	30	58	6	8	
Sex male	Color or Race White	Birth-place Va				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband Mary	Father's Birthplace Md				
Father's Name Kilian Stenut	Mother's Birthplace Va					
Mother's Maiden Name Mary Mat Gogle	How related to deceased nephew					
Name of person giving information Dr. G. A. G. G.						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Deafness

50

How long

year

Immediate

Arthrosis of the knee

How long

6 months

Are the name, age, sex, color, date and place correctly given above?

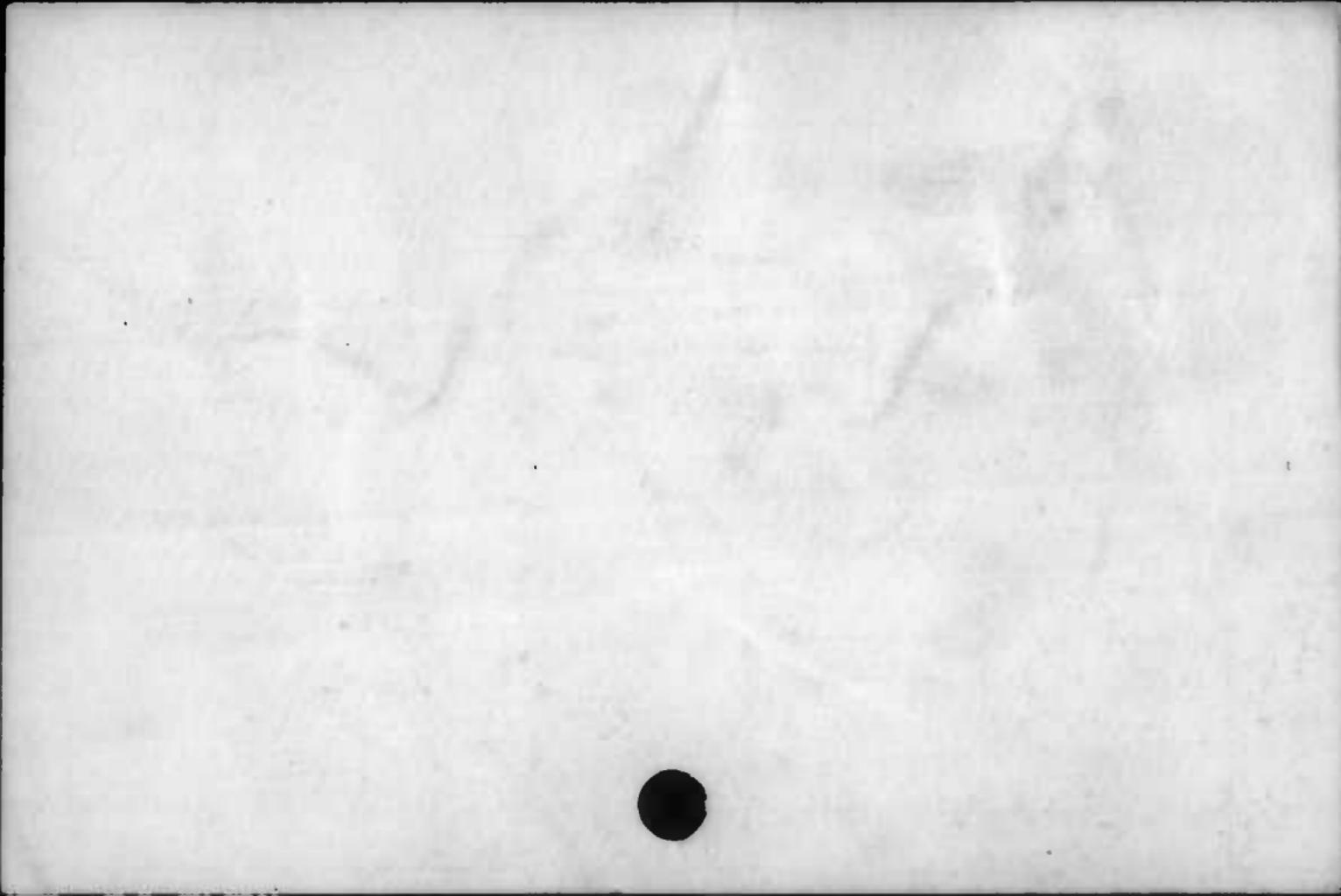
Signature of Physician

Address

Dr. G. A. G. G.
Hannover MD

Accident or Suicide?

no



Name
in
Full

Mrs Elizabeth Josephine Huddy

CERTIFICATE OF DEATH

Died at

Williamsport.

County

MARYLAND

Date
of death

1909

Month

Oct.

Day

16

Years

23 -

Months

-

Days

6

Age

Sex
Occupation

Female

Color or
Race

White.

Birth-
place

Ireland

Housekeeper

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

John E Huddy

Father's
Birthplace

Ireland

Father's
Name

Christopher Travers

Mother's
Maiden Name

Elizabeth McNamee

Mother's
Birthplace

Ireland

Name of person giving
Information

John E Huddy

How related
to deceased

Husband

CAUSES OF DEATH

137

How long

How long

Primary

Septicemia Puerperal ~~very~~ days

Immediate

Edema of Liver with Bright's four bones

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. Packwood

Williamsport

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Accident or Suicide

1
no.

Bbody placed in vault
in Riverview Cemetery
at Williamsport Maryland.
October 18th 1909. By J. F. Kreps.

Undertaker.

Name
in
Full

Elisabeth Josephine Huddy.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

6 Dey

Died at Williamstown Washington

Month October Day 16 Years 23 Months

Date of death 1909 Age 23 Months 6 Dey

Sax Female Color or Race White Birth-place

Occupation Housekeeper Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary The body above referred to was placed in a vault to How long
immediate avoid therefrom and interred May 24th 1910, in How long

Are the name, age, sex, color, date and place correctly given above? Cemetery C. Herrhberger

Signature of Physician

Address

Washington Co. Md.

Accident or Suicide Sub-Registrar
Loyal Board of Health

OFFICE SUPPLY CO., 11-15-08

PHYSICIAN
OR CORONER

Williamsport, Md. May 24th 1910.
Removed from vault and interred
in River View Cemetery by J. F. Kreps.
Undertaker

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ortho James Hutzel

Gillistown County Washington

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 190

Month

Day

Years

Months

Days

Age 65

Sex

Male

Color or
Race

white

Birth-
place

Maryland

Occupation

Labores

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Lewis Hutzel

Father's
Birthplace

Ind

Mother's
Maiden Name

Catharine Shraeder

Mother's
Birthplace

Ind

Name of person giving
Information

Nancy Hutzel

How related
to deceased

sister

CAUSES OF DEATH

Primary

Fistral Regurgitation Heart.

79

18 months

Immediate

Dropping

How long

3 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. Hubert Grade, M.D.
Boonsboro, Ind.

N.

Accident or Suicide

Brinig & Bast
undertakers

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Accident or Suicide

Elizabeth Venodle CERTIFICATE OF DEATH
Hagerstown County MARYLAND
Died Town Month Day Years Months Days
Date of death 1909 10 30 Age 56 10 9
Sex Male Color or Race White Birth-place Md
Occupation Housewife Where Residing if not at place of death
Married, Single or Widowed Married Name of Wife or Husband Wm H Venodle
Father's Name D. H Wagener Father's Birthplace Hattawan
Mother's Maiden Name Margarette Gearhardt Mother's Birthplace Md
Name of person giving Information Wm H Venodle How related to deceased Husband

CAUSES OF DEATH

Primary

Bright's Disease

120

How long

Immediate

Uraemic Coma

one year

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. D. Campbell M.D.
Hagerstown Md

J. M. Watkins

Name
in
Full

John J. Kokal.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown Town Wash. County
Date of death 1909 Month 10 Day 15 Years 34 Months 8 Days 6
Sex male Color or Race white Birthplace Germany

Occupation

Pipe-Maker

Where Residing if not
at place of death

Married, Single
or Widowed

married Name of Wife or
Husband Louise F. Kokal.

Father's Name

Frank Kokal

Father's Birthplace

Germany

Mother's Maiden Name

Mof Kudrow

Mother's Birthplace

Germany

Name of person giving
Information

Mrs Louise F. Kokal

How related
to deceased

wife

CAUSES OF DEATH

Primary

Tuberculosis & Myphilitis

6 yrs

Immediate

yes

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

W. Miller
Hagerstown
Md

PHYSICIAN
OR CORONER

Accident or Suicide

I.M. ~~Kokat~~
Sutew son

Name
in
Full

Mary A Laslie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

State

MARYLAND

Trango

Washington

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

9 10

4

71

4

Sax

Female

Color or
Race

White

Birth-
place

Rohrersville

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

John Laslie

Father's
Name

Josiah Buck

Father's
Birthplace

Don't Know

Mother's
Name

Magdalene Rafanow

Mother's
Birthplace

Don't Know

Name of person giving
Information

Estella Clipp

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Acute Gastritis

104

How long

1 week

Immediate

Severe Inanition

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Richard H. Rice MD
Felterville
MD

Accident or Suicide

PHYSICIAN
OR CORONER

L E S man & Son

Name
in
Full

Mary Effie Lorraine McCardell CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Williamsport County Washington MARYLAND
Date of death 1909 Month Oct. Day 20 Years 2 Months 9 Days —
Sex Female Color or Race White Birth-place Williamsport
Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Roland Eugene McCardell Father's Birthplace Williamsport

Mother's Maiden Name Effie Rachael King Mother's Birthplace Williamsport
Name of person giving Information R. E. McCardell How related to deceased Father

PHYSICIAN
OR CORONER



Primary

Acute Laryngitis
Asphyxiation

CAUSES OF DEATH

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Ernest H. Gaither
Williamsport

Accident or Suicide

88

How long

26 hours

How long

3 hours

Interment in Riverview Cemetery
at Williamsport, Md. Oct 22nd 1904.
By J. F. Kreps, Undertaker.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John R. McDowell

Town

County

MARYLAND.

Diad at
Weserton

Washington

Date of death 1909 Month 10 Day 29 Age 72 Years 3 Months 3 Days 29

Sex Male

Color or
Race

White

Birth-
place

M.d

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Annie. Miller

Father's
Name

Robert McDowell

Father's
Birthplace

Shig Island

Mother's
Maiden Name

Julia. Staley

Mother's
Birthplace

M.d

Name of person giving
Information

E. S. Yourtee

How related
to deceased

neighbor

CAUSES OF DEATH

Primary

Cardiac Asthma

79

How long

for years

Immediate

Heart Failure

How long

Instantaneous

Are the name, age, sex, color, date
and place correctly given above?

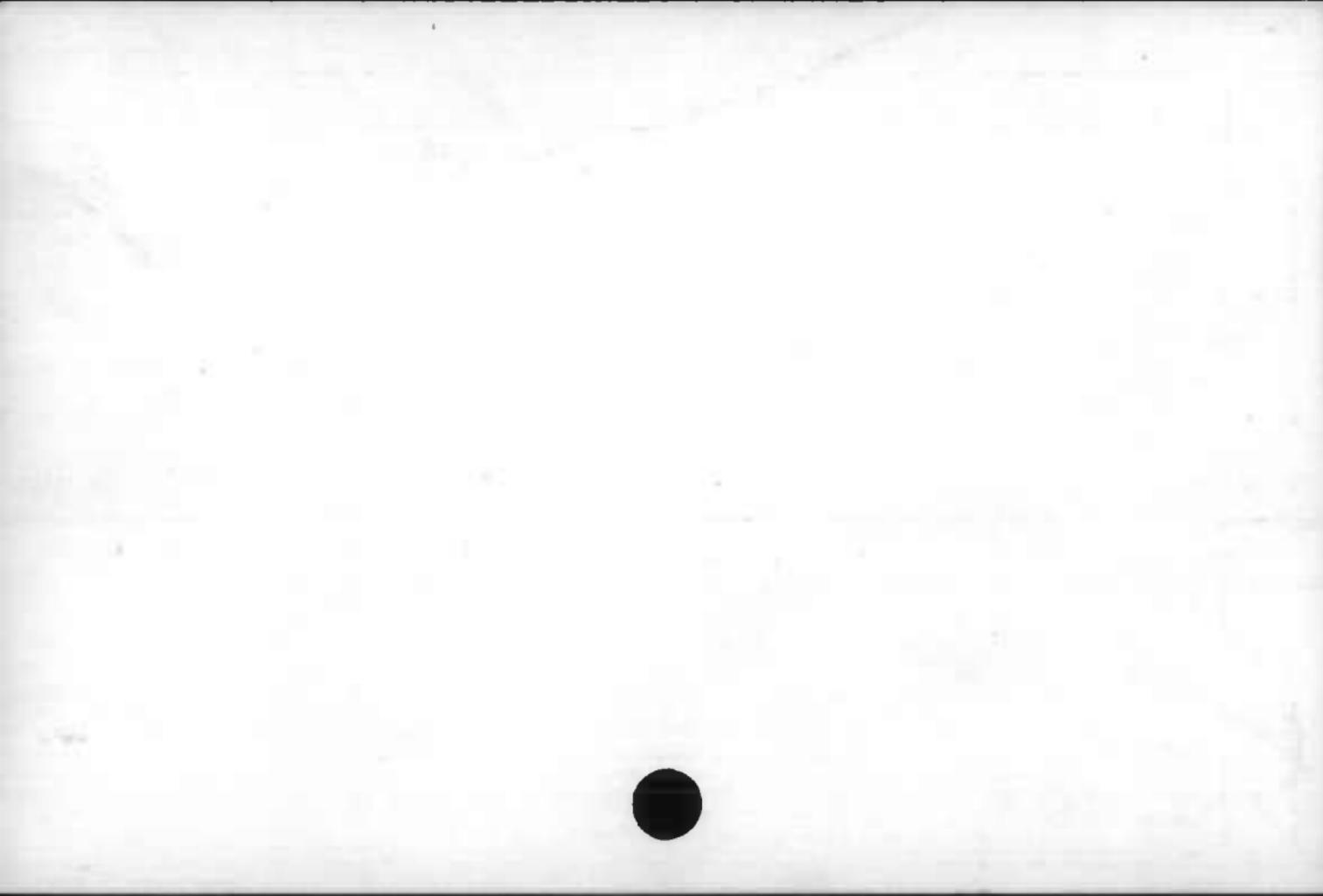
yes

Signature of
Physician

Address

J. S. Yourtee,
Brownsville
Maryland

Accident or Suicide



Name
in
Full

Samuel Martin.

CERTIFICATE OF DEATH

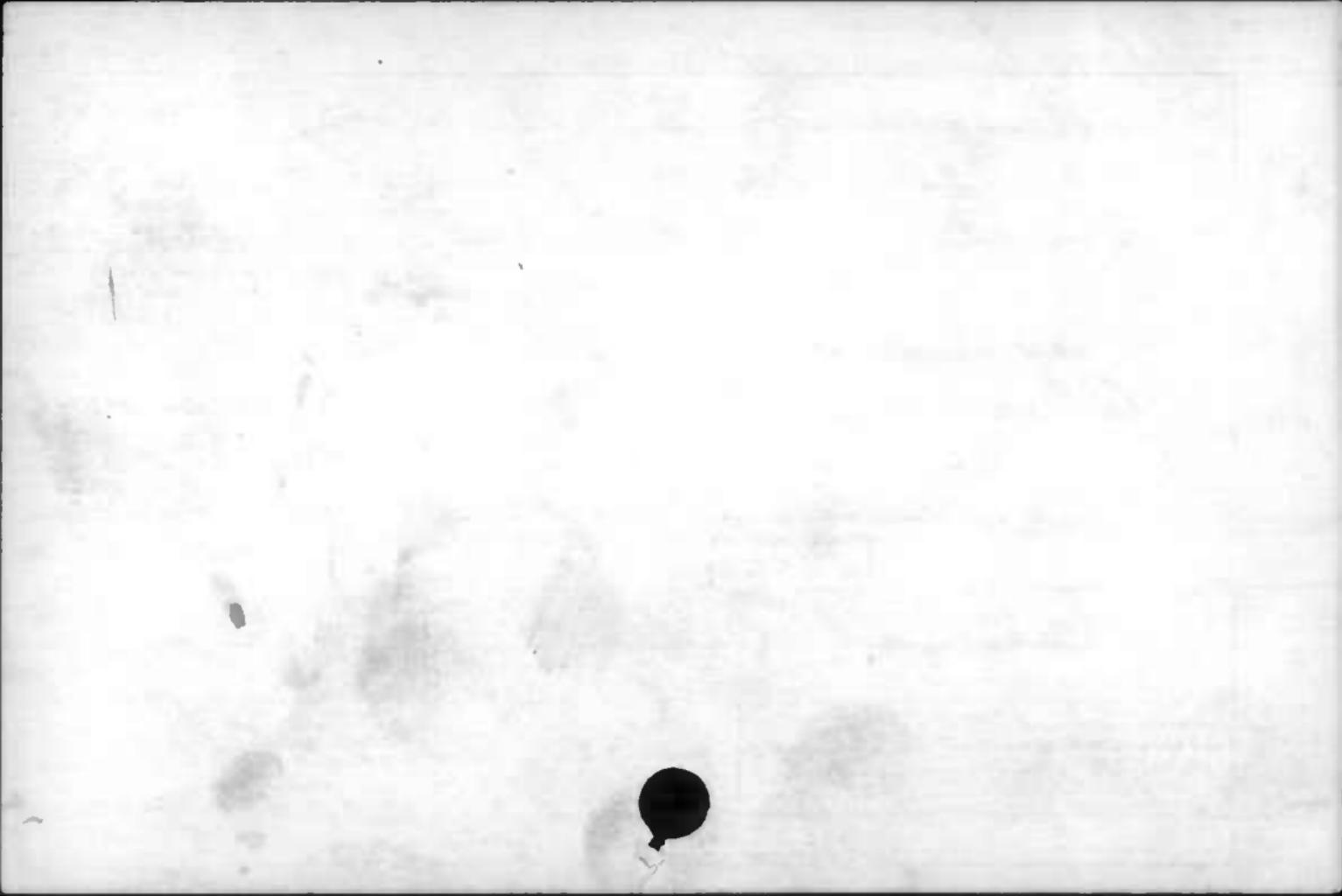
TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND		
Died at Dear Leitersburg		Harrisonburg		Days 22		
Date of death 1909	Month 10	Day 7	Age 78	Years	Months	Days
Sex Male	Color or Race	Dobrite		Birth-place	Fred. Co. 1162	
Occupation Farmer	Where Residing if not at place of death			Dear Leitersburg		
Married, Single or Widowed Widowed	Name of Wife or Husband	Letitia Martin				
Father's Name	Emmanuel Martin			Father's Birthplace	Fred. Co. 1162	
Mother's Maiden Name	Annie Doyle.			Mother's Birthplace	" " "	
Name of person giving Information	Alice Newcomer.			How related to deceased	Daughter	

PHYSICIAN
OR CORONER

CAUSES OF DEATH
Primary Thrown a fall from horse
Injury to brain. July 8, 1909.
Immediate Cerebral hemorrhage Sept 1, 1909.
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician
Address
O. D. Hoover, M.D.
Haynesboro, Pa.

Accident or Suicide



Name
In
Full

Abraham Maugans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Maugansville Wash MARYLAND
Town County
Died at Maugansville Wash MARYLAND
Month Day Months Days
Date of death 1909 10 15 Age 81 9 7
Sex male Color or Birthplace
Race white
Occupation Undertaker Where Residing if not
at place of death
Married, Single Name of Wife
or Widowed Widower Husband Mary Light Maugans
Father's Name Abraham Maugans
Mother's Maiden Name Not Known
Name of person giving Information Newton Maugans

Primary

General Debility

Immediate

" "

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

D.C. R. Miller,
State Line
Md

PHYSICIAN
OR CORONER

Accident or Suicide

No

How related
to deceased

154

How long

How long

Breeding

S. M. S. New York

		Jacob Maysilles		CERTIFICATE OF DEATH		
Died at		Town	County	MARYLAND		
Beverly		Washington				
Date of death	Month	Day	Years	Months	Days	
1909	Oct	24	72	—	—	
Sex	Male	Color or Race	white	Birth-place	Maryland	
Occupation	Pattern Maker		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	aletha Maysilles		Father's Birthplace	Md
Father's Name	Samuel Maysilles				Mother's Birthplace	Md
Mother's Maiden Name	Barbara Rice				How related to deceased	wife
Name of person giving Information	aletha Maysilles				How long	1 year
Primary	Carcinoma of Sigmoid				How long	4 weeks
Immediate	Exhaustion				Address	Montgomery Hagerstown, Md.
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
Yes			Address			
Accident or Suicide	No.					

Bruining & Bast,
Cloud Father's
Boonesboro,
Md.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hubert Perry Moore

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Hagerstown

Month

Day

Years

Months

Days

Date

of death 1909

10 28

Age 8

9

10

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

W. M. Moore

Father's
Birthplace

Md

Mother's
Maiden Name

Sarah E Arnold

Mother's
Birthplace

Md

Name of person giving
Information

W. M. Moore

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid fever
Pulmonary edema

①

✓

Immediate

2 wks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. P. Langhorne
Hagerstown

Accident or Suicide

J.M. Katherine

Name
in
Full

Naomi Cath. Muck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Smoketown Wash.

MARYLAND

Date of death 1909 Month Oct. Day 30 Year

Sex Female Color or Race White

Occupation None Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

David Muck

Mother's Maiden Name

Mary E. Dryer

Name of person giving Information

Dav. Muck

Month Days

8 weeks

Birthplace Smoketown

Smoketown

Father's Birthplace

Wash. Co

Mother's Birthplace

" "

How related to deceased

Father

151

How long

2 days

How long

Immured.

S. S. Davis
Boonsboro

CAUSES OF DEATH

Primary

Lower Congs.

Immediate

Spasms.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide

Brimig & Bast
undertakers



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Jeremiah Muskaure
Died at Hagerstown
Town Washington
County

Date of death 1909 Month 10 Day 6 Years — Months 7 Days 16

Sex Male

Color or
Race

white

Birth-
place

Md

Occupation

Child

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

James E. Muskaure

Father's
Birthplace

Pa

Mother's
Maiden Name

Lillian 7.0

Mother's
Birthplace

Md

Name of person giving
Information

James Muskaure

How related
to deceased

Father

CAUSES OF DEATH

Primary

Inflammation

⑧

How long

Seven Weeks

Immediate

Whooping Cough
& of haemoptysis

How long

3 Weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. E. Pitmogle M.D.
Health Officer
Hagerstown Md

Accident or Suicide

Byzance
Rose Tree
A. K. Coffman

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs Eliza P. Kenner

Town County

Died at

Hagerstown

Washington

Date
of death

1909

Oct

10

Years

61

Months

3

Days

Age

61

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Jonas

Kenner

Father's
Name

Jacob

Spelman

Father's
Birthplace

Md

Mother's
Maiden Name

Sarah

Boward

Mother's
Birthplace

Md

Name of person giving
Information

Jena Kenner

How related
to deceased

Husband

CAUSES OF DEATH

Primary

General Tuberculosis
Exhaustion

34

How long

4 Months

Immediate

Yes

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

H. H. Den.
Hagerstown
Md.

Accident or Suicide

CERTIFICATE OF DEATH

MARYLAND

L. M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

Patterson Rockwell

Town

County

Died at

Hagerstown Hospital Washington

MARYLAND

Date
of death

Month

Day

Years

Months

Days

Oct.

29

Age

19

Sex

Male

Color or
Race

White

Birthplace

Marionburg Pa

Occupation

Laborer

Where Residing if not
at place of death

Williamsport, Pa

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Hos. J. Rockwell

Father's
Birthplace

Mercerburg.

Mother's
Maiden Name

Carrie Sinclair

Mother's
Birthplace

Name of person giving
Information

Chas E. Rockwell

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Impacted Hernia

108

How long

six days

Immediate

Operation, Shock from

How long

one hour

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Ed. Richardson

Address

Williamsport, Pa

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Accident or Suicide

No.

Interred in Riverview Cemetery
at Williamsport Md. Oct. 31st 1909.
By J. F. Kreps, Undertaker.

**Name
in
Full**

Ann Mary Robison
Town _____ County _____
laid at _____
Trunks _____ Wash _____

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Diad at	Washington				
Date of death	Month	Day	Age	Years	Months
1909	10	6	63	7	5
Sex	Color or Race		Days		
Female	White				
Occupation	Birth-place				
None	Rohrsville				
Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband				
Single	Joseph F Rohr				
Father's Name	John N. Stine				
Mother's Maiden Name	Amelia Rohr				
Name of person giving Information	Hattie Rohr				
Father's Birthplace					
Rohrsville					
Mother's Birthplace					
Rohrsville					
How related to deceased					
Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paramecium

Immediate

11

Ara the name, age -

Are the name, age, sex, color, date
and place correctly given above? yes Signature of
Physician C. D. Baker M.D.
Address

Are the name, age, sex, color, date
and place correctly given above? yes Signature of
Physician C. D. Baker M.D.
Address

Accidental or Suicide

L E Durman & Son

Name
in
Full

Catharine Rohr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month 10	Day 8	Age 88	Month 11	Day 8.
Sex	Female	Color or Race	White		Birth-place	Leitersburg Md.
Occupation	None.		Where Residing if not at place of death		Leitersburg Md.	
Married, Single or Widowed	Widowed		Name of Wife or Husband	Emmanuel. Rohr.		
Father's Name	Geo. Zeigler		Father's Birthplace		Washington D.C.	
Mother's Maiden Name	Nancy Seiler		Mother's Birthplace		Shamblerburg Pa.	
Name of person giving Information	Lillie. Swodderly.		How related to deceased		Daughter.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

General Debility

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

154

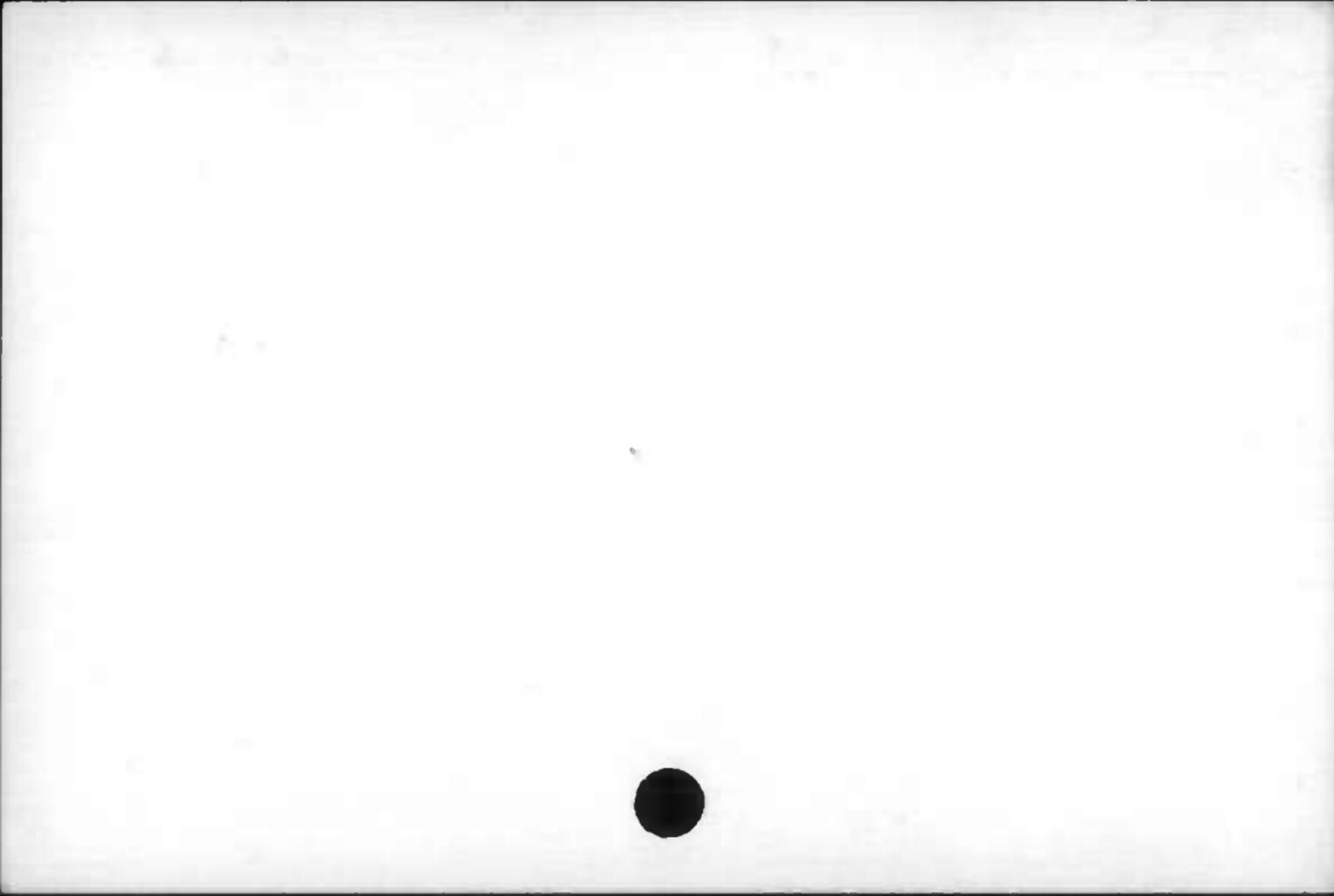
How long

How long

Six months

J. H. Wishard
Leitersburg

Accident or Suicide



Name
in
Full

George Andrew Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County	
Diad at	Wilson Dist-	Mash	
Date of death	Month 1909 Oct	Day 21	Years 53
Sex	Male	Color or Race	White
Occupation	Farmer		
Married, Single or Widowed		Where Residing if not at place of death	
Father's Name	Mary Nutzell		
Mother's Maiden Name	John Sanders		
Name of person giving Information	Sarah Eyler		
Name of Wife or Husband		Father's Birthplace	Ind
Mother's Birthplace		Mother's Birthplace	Ind
How related to deceased		44	✓

PHYSICIAN
OR CORONER

Primary

Cancer of face

How long

One year

Immediate

Exhaustion

How long

One week

Are the name, age, sex, color, date and place correctly given above?

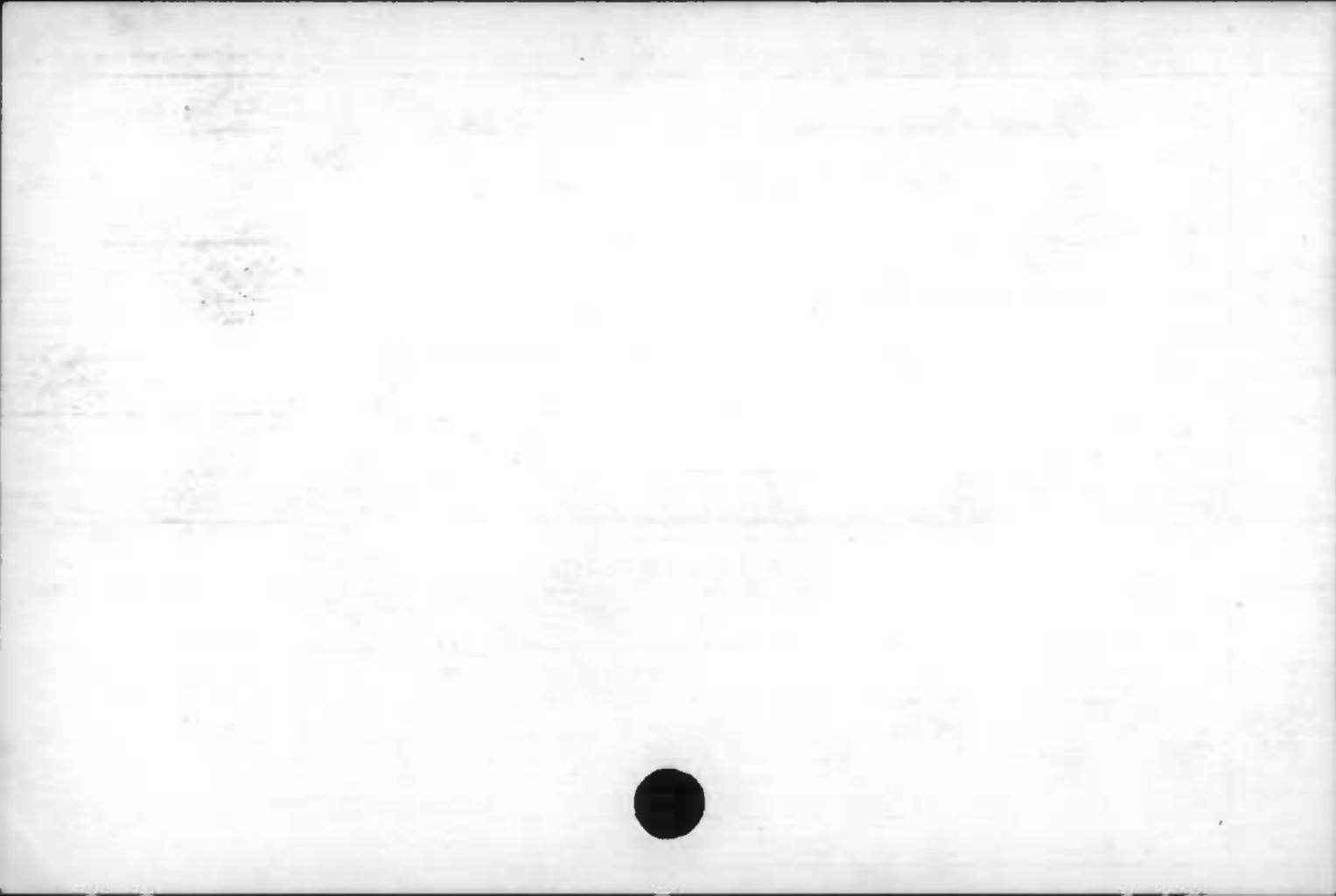
Yes

Signature of Physician

Address

Abraham Shank
Clearspring
Washington Co

Accident Suicide



Name
in
Full

John Frederick Schleicher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County
Near Hagerstown Wash.
Date Month Day Years Months Days
of death 1909 10 19 Age 52

MARYLAND

Sex male Color or Birthplace
Race white Germany

Occupation

Saloon Kaper

Where Residing if not
at place of death

Married, Single
or Widowed

widower Name of Wife or
Husband

Christina Schleicher

Father's
Name

Not Known

Father's
Birthplace

Mother's
Maiden Name

John Schleicher

Germany

Name of person giving
Information

How related
to deceased

son

CAUSES OF DEATH

Primary

Arterio-Sclerosis - Arthritis/

64

How long

One year

Immediate

Exhaustion -

How long

One week

Are the name, age, sex, color, date
and place correctly given above?

Yn -

Signature of
Physician

Address

D. W. Wert -
Hagerstown -

PHYSICIAN
OR CORONER

Accident or Suicide

L. M. Sutwells Son

Robt. J. Shafer

Town

Boonsboro

County

Wash.

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1909 Oct.

Month

Day

Years

Age

88

Months

Days

Sex

Male

Color or
Race

White -

Birth-
place

Boonsboro

Occupation

Retired Farmer

Where Residing if not
at place of death

Boonsboro

Married, Single
or Widowed

Undivorced

Name of Wife or
Husband

Mary E. Shafer

Father's
Name

Jonathan Shafer

Father's
Birthplace

Wash. Co

Mother's
Maidan Name

Susan Ringer

Mother's
Birthplace

Wash. Co.

Name of person giving
Information

Mrs. Rosa Shafer

How related
to deceased

daughter

1

CAUSES OF DEATH

Primary

General Debility -

Immediate

Heart Failure

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

154

Homes

1 year

How long

Unmeasured

S. S. Davis

Boonsboro

Accident or Suicide

Brimming & Bass
Illustrations

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George P. Sheffer

CERTIFICATE OF DEATH

MARYLAND

Died at Middletown

County Washington

Date of death 1909 Oct Month 17 Day

Age 64 Years Month 5 Days 11

Sex Male Color or Race

white

Birth-place Maryland

Occupation Merchant

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Amanda Sheffer

Father's Name

Daniel Sheffer

Father's Birthplace

Md

Mother's Maiden Name

Mary Routhzahn

Mother's Birthplace

Md

Name of person giving
Information

Amanda Sheffer

How related
to deceased

wife

CAUSES OF DEATH

Primary

Paroxysm of bowels

41

How long

1 yr

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

E. Buckley
Middletown

dead

Accident or Suicide



Name
in
Full

John, E. Silvers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	2 Locks.		Washington			
Date of death	1909	Month 10	Day 7	Years 64	Months	Days 21
Sex	Male.	Color or Race	white		Birth-place	W. Va.
Occupation	Labourer	Where Residing if not at place of death				2 Locks.
Married, Single or Widowed		Name of Wife or Husband	Mattie Pearl.			
Father's Name	Thomas Silvers.		Father's Birthplace	Va.		
Mother's Maiden Name	Elizabeth A. Gordon.		Mother's Birthplace	Va.		
Name of person giving information	Mrs Silvers		How related to deceased	Wife.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Organic Heart Disease

79

How long

2 Years

Immediate

Heart Failure

How long

Gradual

Are the name, age, sex, color, date and place correctly given above?

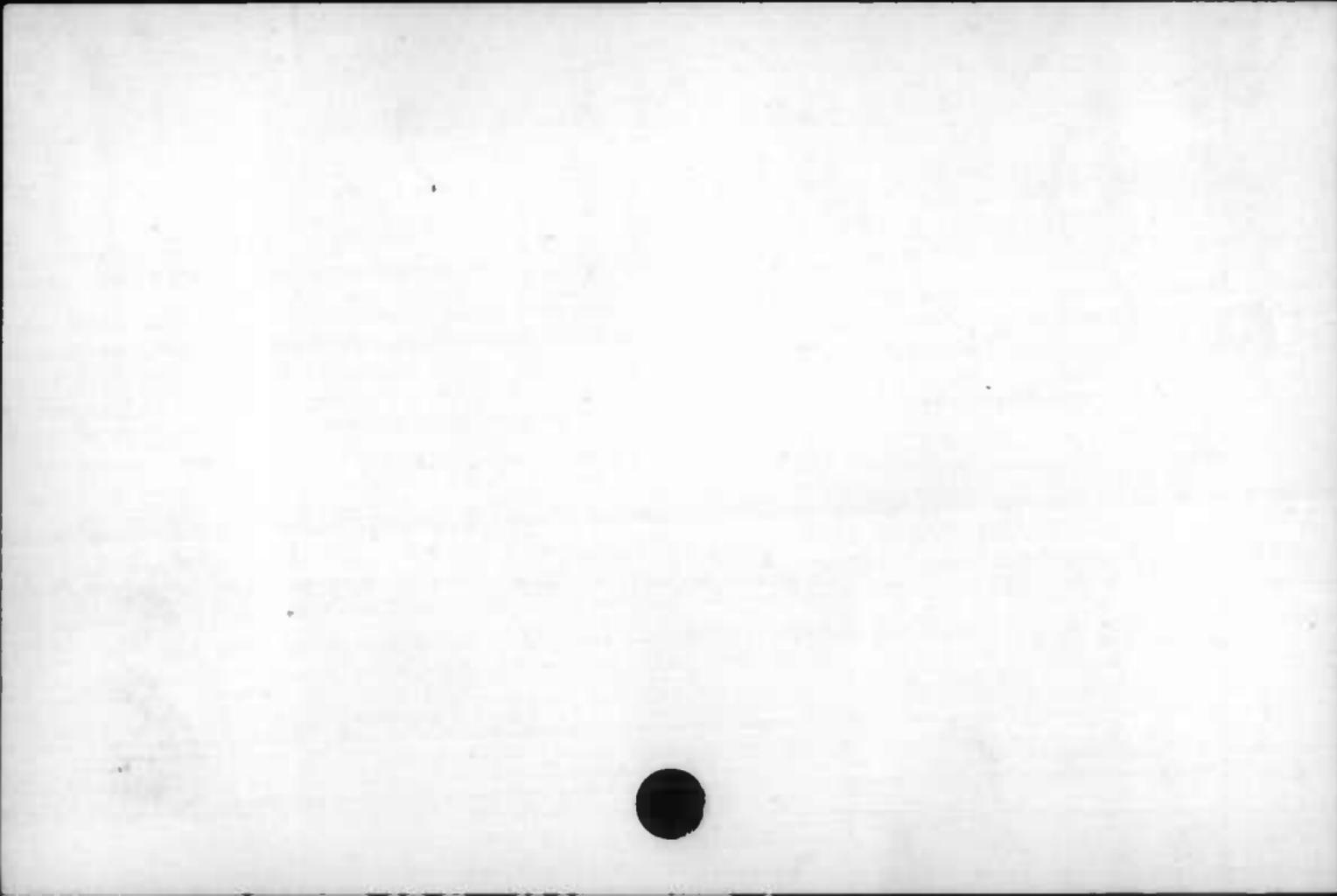
Yes

Signature of Physician

J. D. Perry

Address
Clearspring Ind

Accident or Suicide?



Name
in
Full

Marie Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Hancock		Town	County Washington		MARYLAND	
Date of death 1909	Month Oct	Day 20.	Years	Months 9	Days 7	
Sex Female	Color or Race colored	Birth- place Near Hancock				
Occupation		Where Residing if not at place of death Died at Home				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name Thomas H. Smith					Father's Birthplace Wash. D. C.	
Mother's Maiden Name Mary Jones					Mother's Birthplace Penn.	
Name of person giving Information Thomas H. Smith					How related to deceased Father	

Dr. J. A. West.

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Inflammation of Bowels

How long

1 week

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

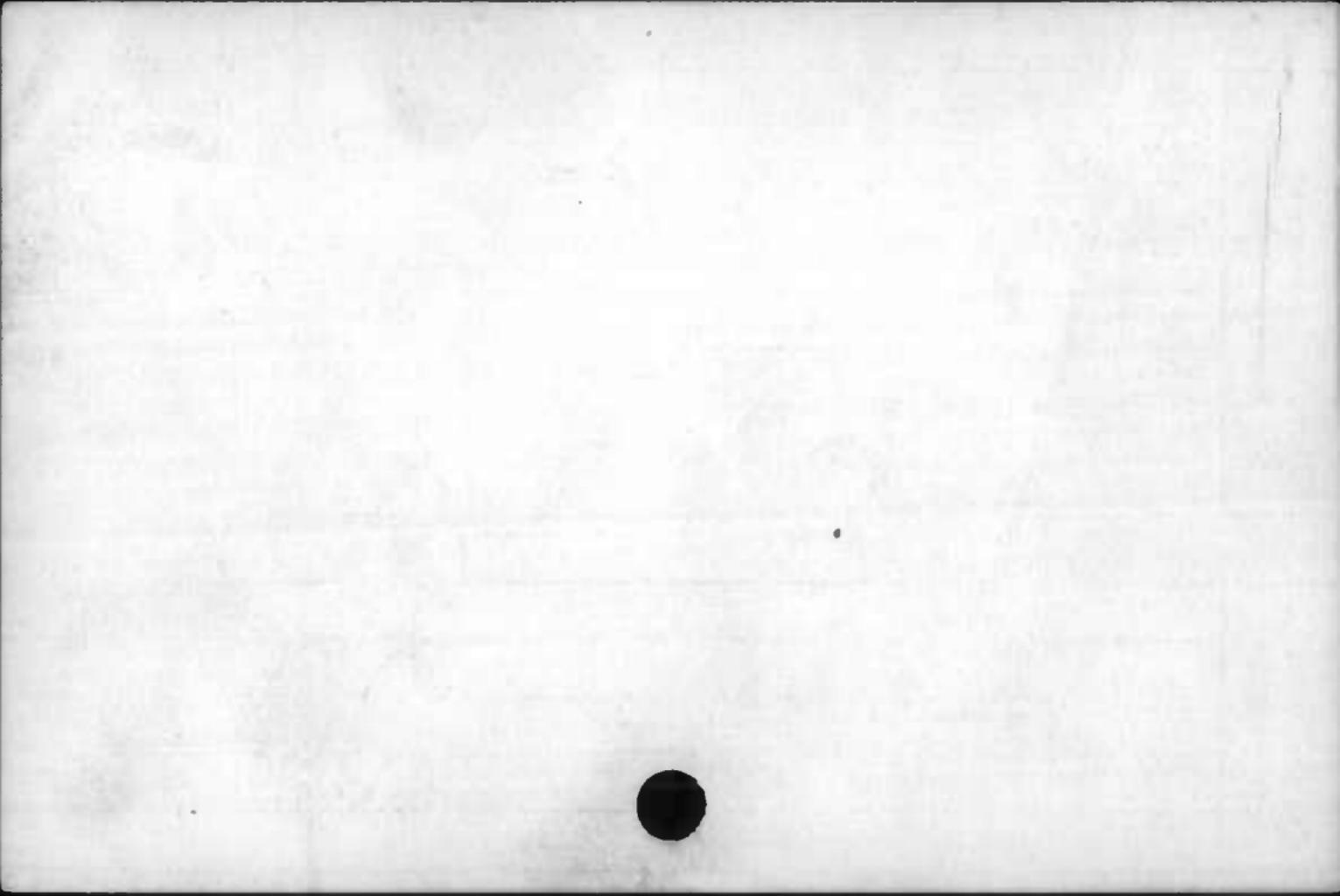
Signature of
Physician

Address

J. A. West
Hancock Md

Accident or Suicide?

No



Name
in
Full

Murdaugh Child Starkay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown Town County Washington MARYLAND

Date of death 1909 Month 10 Day 17 Months Days

Sex Female Color or Race White Birthplace Md

Occupation

Child

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Archie R. Starkay

Father's
Birthplace

Na

Mother's
Maiden Name

Ela May Jackson

Mother's
Birthplace

Na

Name of person giving
Information

Archie Starkay

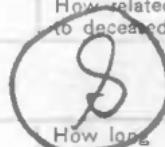
How related
to deceased

Father

CAUSES OF DEATH

Primary

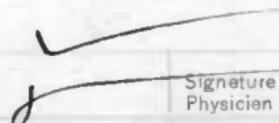
Stillborn



How long

✓

Immediate



Signature of
Physician

Address

2209 Thompson
Hagerstown Md

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide

no

Upper cut
Rose Hill

125 1102

M.R. Coffman

Name
in
Full

Elizabeth Stauffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Hagerstown	Washington			
Date of death	1909	Month	Day	Years	Month	Days
		10	8	90	6	1
Sex	Female	Color or Race	white	Birth- place	Md	
Occupation						Where Reiding if not at place of death
Married, Single or Widewed	Widow	Name of Wife or Husband		Alfred Stauffer		
Fether's Name	Dont know		Father's Birthplace			
Mother's Meiden Name	Dont know		Mother's Birthplace			
Name of person giving Information	Wm. H. Stauffer		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senility,
Exhaustion

How long

154

1

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Wm. H. Stauffer
Hagerstown
Md

Accident or Suicide

No

Watkins

Plane hill

J. M. Watkins

Name
In
Full

Edyth Straley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1910	Month Oct.	Day 9th	Years 18	Months 2	Days 4
Sex	Female	Color or Race	White	Birth-place	Md.	
Occupation	House work		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Edith Straley		Father's Birthplace	Md.		
Mother's Maiden Name	Mottie Browning		Mother's Birthplace	Illinoian		
Name of person giving information	John Straley		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Obstruction of Bowel* How long *10 days*

Immediate *Exhaustion* How long *Gradual*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. Perry
Clearspring Road

Accident or Suicide?

Opposite
the N.C.E.O.

Name
in
Full

Edith viola Straley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

own

County

Date
of death 190

Month

Day

Years

Months

Days

Age

19

3

6

Sex
Occupation

Color or
Race

Birth-
place

Female
At-Home

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John S. Straley.

Father's
Birthplace

Ind

Mother's
Maiden Name

Mattie M. Bottoming

Mother's
Birthplace

Name of person giving
Information

M. M. Straley

How related
to deceased

Ind
" Mother

CAUSES OF DEATH

Primary

Obstruction of Stomach

108

How long

10 days

Immediate

Sudden Heart Failure

How long

Sudden

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

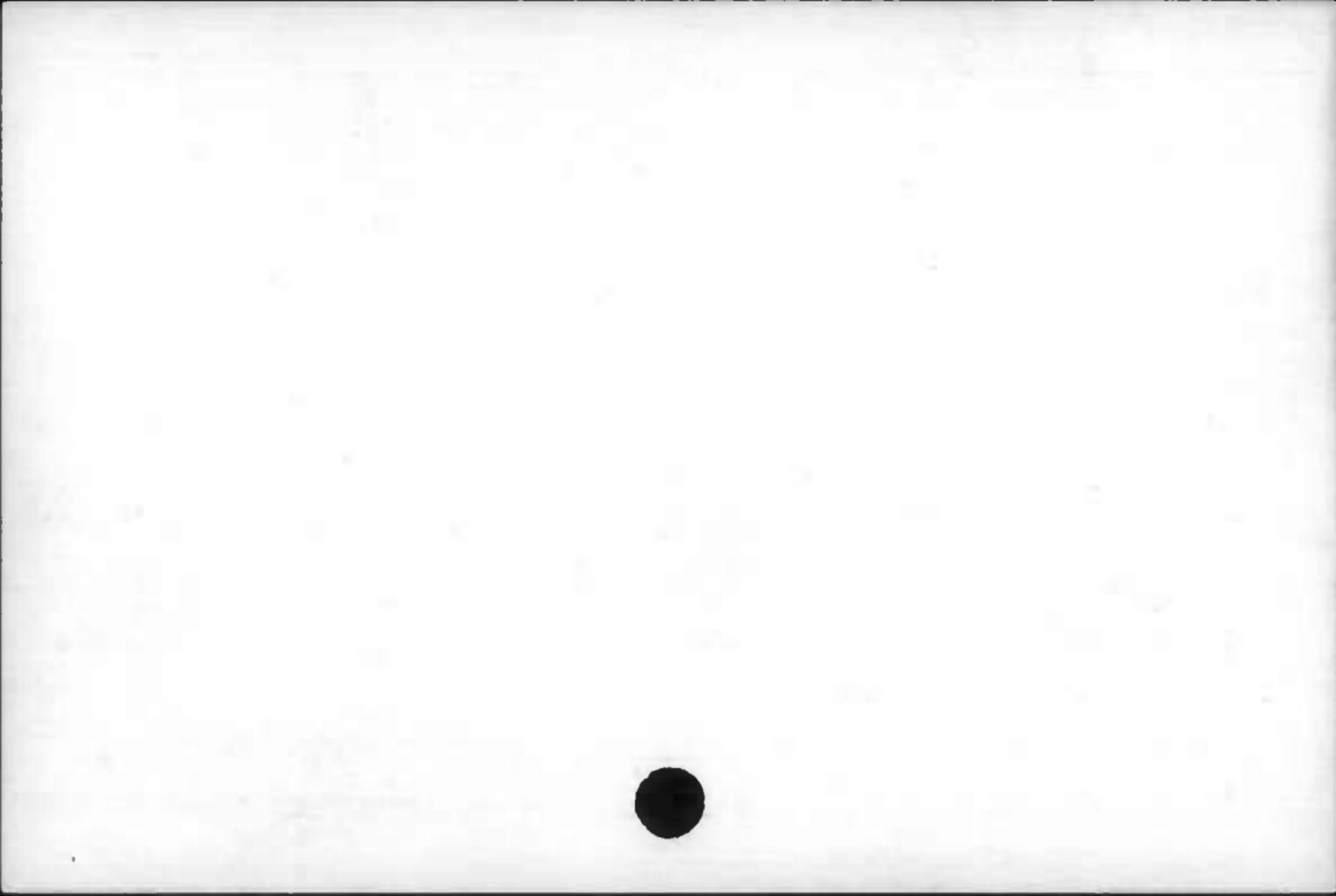
Address

J. P. Perry

Clearspring Ind

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

William P Straley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown County Washington
Town
Date of death 1909 Month 10 Day 17 Age 40 Years 6 Months 6 Days
Sex Male Color or Race white Birth-place Pa

Occupation Merchant

Where Residing if not
at place of death

Married, Widowed Married Name of Wife or Husband

Florence Straley

Father's Name Nicholas Straley

Father's Birthplace Pa

Mother's Maiden Name Sarah Hager

Mother's Birthplace Pa

Name of person giving Information Nicholas Straley

How related to deceased Father

CAUSES OF DEATH

Primary

Pneumonia

93

How long

Immediate

Cardiac failure

6 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. R. Laughlin
Hagerstown

PHYSICIAN
OR CORONER

Accident or Suicide

Rowe Hill
Watkins
J.M. Watkins.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

unnamed Child Stouffer
Died at Hagerstown Washington
Town County

MARYLAND

Died at Hagerstown Washington
Month Day Years Months Days

Date of death 1909 Oct 6

Age -

Months - Days -

Sex Male

Color or
Race

white

Birth-
place

md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

James S Stouffer

Father's
Birthplace

Mother's
Maiden Name

Rachael E Sellers

Mother's
Birthplace

Name of person giving
Information

James Stouffer

How related
to deceased

md

md Father

8
How long

✓

How long

Primary

Still Birth

CAUSES OF DEATH

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

K. L. Kerner
Hagerstown
Md.

Assault or Suicide

Johnstone
Brownfield

Mr. Collyman

Name
in
Full

Lerry Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Hagerstown

Town

Date of death 1909 Oct

Month

Day

County

Washington

MARYLAND

Months

Days

0

14

Sex Male

Color or
Race

Black

Birth-
place

Hagerstown

Occupation

Where Residing if not
at place of death

Hagerstown

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Conrad Robinson

Father's
Birthplace

unknown

Mother's
Maiden Name

Edith Taylor

Mother's
Birthplace

Hagerstown

Name of person giving
Information

Edith Taylor

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Tuberculosis

54

✓

Immediate

Malaria

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

G. E. Murray M.D.
Hagerstown
Maryland

Accident or Suicide

Byron
Haworthia

J. K. Hoffmann

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex	Male		Color or Race	White	Birth- place	Williamsport
Occupation	Where Residing if not at place of death					—
Married, Single or Widowed	Single		Name of Wife or Husband			—
Father's Name	Frank Taylor		Father's Birthplace			Doronoerville
Mother's Maiden Name	Viola Fox		Mother's Birthplace			Big Spring
Name of person giving Information	Frank Taylor		How related to deceased			Father

CAUSES OF DEATH

151

Primary

Premature Birth

How long
since birth

Immediate

Want of sufficient vitality

How long
since birth

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. D. T. Lesser

Address

Williamsport, Md

PHYSICIAN
OR CORONER

Accident or Suicide?

natural

Published in Riverine Country

by
J. S. Knecht
Miner's
Williamsport

Pa

Name
in
Full

John Henry Waggoner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown
Town Washington County
Date of death 1909 Month Oct Day 20 Age 59 Months 7 Days 24
Sex Male Color or Race white Birth-place Pa
Occupation Farmer Where Residing if not at place of death
Married, Single or Widowed Widow Name of Wife or Husband Eva Waggoner
Father's Name John Waggoner Father's Birthplace Md
Mother's Maiden Name Mary Spangler Mother's Birthplace Pa
Name of person giving information Annie Waggoner How related to deceased Daughter

PHYSICIAN
OR CORONER

Primary

Carcinoma of Stomach

Immediate

Hemorrhage of Stomach

Are the name, age, sex, color, date and place correctly given above?

CAUSES OF DEATH

40

How long

How long

months

36 hours

Signature of
Physician

Address

J. H. C. 907
Hagerstown

Accident or Suicide

~~big green~~
new beds
Mr. Coffman

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Still Born Child of Harry Wallace

CERTIFICATE OF DEATH

Died at Hagerstown

Town

County

MARYLAND

Date of death 1909 Month 10 Day 24

Years

Months

Days

Age

Sex Male

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Harry Wallace

Father's
Birthplace

Md

Mother's
Maiden Name

Edith M. Fleet

Da

Name of person giving
Information

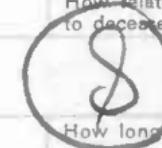
Harry Wallace

Father

CAUSES OF DEATH

Primary

Still Born
Mushroom



Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Harry Wall
Hagerstown

Accident or Suicide

Watkins
Rose 26 sic

L. M. Watkins

Name
in
Full

David G. Walls.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Hagerstown Wash
Town County
Date of death 1909 Month Day Years Months Days
Age 37 7 3

MARYLAND

Sex male Color or
Race white Birthplace Penna
Occupation Druggist Where Residing if not
at place of death
Married, Single Name of Wife Cora J. Walls
or Widowed married Husband
Father's Name Charles C. Walls Father's Birthplace Penna.
Mother's Maiden Name Alice J. Garnall Mother's Birthplace "
Name of person giving Information Cora Walls How related
to deceased wife
59
How long unknown
How long Five Hours

CAUSES OF DEATH

Primary Addicted to morphine
Immediate Cerebral hemorrhage
Are the name, age, sex, color, date
and place correctly given above? Yes

Signature of Physician Daniel A. Watkins
Address Hagerstown Md.

Accident or Suicide

L.M. Sutter & Son

Name
in
Full

Still Born Child of Le LeRoy Watkins CERTIFICATE OF DEATH
Town Hagerstown County Washington MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown Date of death 1909 Month 10 Day 17 Age _____ Years _____ Months _____ Days _____

Sex Male

Color or Race

White

Birth-place

Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

L LeRoy Watkins

Father's
Birthplace

Mother's
Maiden Name

Leah Dechrist

Mother's
Birthplace

Name of person giving
Information

L LeRoy Watkins

How related
to deceased

Primary

Still Born

CAUSES OF DEATH

Immediate

7:3

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. P. Morrison
Hagerstown Md.

PHYSICIAN
OR CORONER

Accident or Suicide

7:00

L. M. Watkins

Name
in
Full

David E West

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Hazleton Town County
Date of death 190 Month Day Years Months Days
4 Oct 18 34 2 8

Sex Male Color or Birth-
Race white place 2nd
Occupation Coal Inspector Where Residing if not
at place of death

Married, Single Name of Wife or
or Widowed Married Hertie Baker
Father's Name David West Father's Birthplace 2nd
Mother's Maiden Name Eliza Hues Mother's Birthplace 2nd
Name of person giving Information Hertie West How related
to deceased Wif

Primary

Pulmonary Tuberculosis

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Dr. M. West
Hazleton

PHYSICIAN
OR CORONER

Accident or Suicide

CAUSES OF DEATH

27

How long

One year

How long

3 mos

Dr. Weety

Bonneue
Sutherland

Mr. Coffman

Name
in
Full

Margurite Milda Wikerson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Hagerstown County Washington
Died at Hagerstown MARYLAND
Date Month Day Years Months Days
of death 1909 Oct 5 83 6 7
Sex Female Color or Race Colored
Occupation Housewife Birthplace Hagerstown, MD
Where Residing if not
at place of death
Married, Single Name of Wife or
or Widowed Husband
Father's Name sp. wife Father's Birthplace
Mother's Maiden Name See above Mother's Birthplace
Name of person giving Information Mary Stark How related
to deceased

CAUSES OF DEATH

PHYSICIAN
ON CORONER

Primary

Arterio. sclerosis

81

How long

Unknown

Immediate

Actites

How long

One week

Are the name, age, sex, color, date
and place correctly given above?

yes,

Signature of
Physician

Address

J. P. Langulin
Hagerstown

Accident or Suicide

Leppine are
Sulphur dolomitic
A.R. Coffman

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs Maricia Wyand

Town

County

Died at Hagerstown

Wash.

CERTIFICATE OF DEATH

MARYLAND

Date of death 1909 Month Day

Years

Months

Days

Oct 20

Age 67

7

Sex female Color or Race white Birthplace Md.

Occupation

N.W.

Where Residing if not
at place of death

Married, Single
or Widowed

widow

Name of Husband

Aaron C Wyand.

Father's Name

John Beck

Father's Birthplace

Md.

Mother's
Maid's Name

Harriett

Mother's Birthplace

Md.

Name of person giving
Information

O.J. Wyand

How related
to deceased

step-son

CAUSES OF DEATH

Primary

Rheumatism

120

How long

3 months

Immediata

Exhaustion

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Y/N

Signature of
Physician

Address

E.G. Warburton
Hagerstown Md.

Section of State

Leedsville.

L.M. Swinburne

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Helen Zeable

Died at Hagerstown County Washington MARYLAND
Date of death 1909 Month Oct Day 5 Years 3 Months - Days -

Sex Female Color or Race white

Occupation Child

Age 3

Birth-place md

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Percy Zeable

Mother's Maiden Name Bessie Routhyall

Name of person giving Information Charles Routhyall

Father's Birthplace md

Mother's Birthplace md

How related to deceased Grandfather

Primary

CAUSES OF DEATH

Acute indigestion

Immediate

"

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician
Address

104

How long

4 or 5 hrs

How long

W.P.M. Zeable
Hagerstown Md

PHYSICIAN
OR CORONER

Accident or Suicide

Edgar Allan
Rose Hill

A.K. Coffman